

Billed Entity Applicant #: 131976					Applicant's Form Identifier: DMPS4710101					
Contact Person: Greg Davis					Phone Number: 515-242-7773					
BLOCK 5: Discount Funding Request(s)					Page 85 of 319					
Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.										
FRN # (to be assigned by administrator)										
11	Category of Service (only ONE category should be checked) <input type="radio"/> Telecommunications Services <input type="radio"/> Internet Access <input checked="" type="radio"/> Internal Connections				15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)			RFP #00-48B	
12	Form 470 Application Number:		704340000296620		16	Billing Account Number: (e.g. billed telephone number)			N/A	
					17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)			12/12/2000	
13	SPIN – Service Provider Identification Number:		143008724		18	Contract Award Date (mm/dd/yyyy)			01/12/2001	
					19a	Service State Date (mm/dd/yyyy)			07/01/2001	
					19b	Service End Date (mm/dd/yyyy)			N/A	
14	Service Provider Name		DaVoco Enterprises, Inc.		20	Contract Expiration Date (mm/dd/yyyy)			06/30/2002	
21	Description of this Service:		You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.						Attachment # USFATCH0102	
22	Entity/Entities Receiving this Service:		a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.					58963 -		
			b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)							
23	Calculations									
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	5,000	0	5,000	5,000	80%	\$4,000

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12	Form 470 Application Number:		704340000296620		16	Billing Account Number: (e.g. billed telephone number)			N/A	
13	SPIN – Service Provider Identification Number:		143008724		17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)			12/12/2000	
					18	Contract Award Date (mm/dd/yyyy)			01/12/2001	
					19a	Service State Date (mm/dd/yyyy)			07/01/2001	
					19b	Service End Date (mm/dd/yyyy)			N/A	
14	Service Provider Name		DaVoco Enterprises, Inc.		20	Contract Expiration Date (mm/dd/yyyy)			06/30/2002	
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22	Entity/Entities Receiving this Service:		a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.					58990 -		
			b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)							
23	Calculations									
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	7,500	0	7,500	7,500	60%	4,500

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		17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy) 12/12/2000
13	SPIN - Service Provider Identification Number: 143008724	18	Contract Award Date (mm/dd/yyyy) 01/12/2001
		19a	Service State Date (mm/dd/yyyy) 07/01/2001
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14	Service Provider Name DaVoco Enterprises, Inc.	20	Contract Expiration Date (mm/dd/yyyy) 06/30/2002
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		b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)	
23	Calculations		

Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	5,000	0	5,000	5,000	50%	\$2,500

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12	Form 470 Application Number: 704340000296620	16	Billing Account Number: (e.g. billed telephone number)	N/A
		17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000
13	SPIN – Service Provider Identification Number: 143008724	18	Contract Award Date (mm/dd/yyyy)	01/12/2001
		19a	Service State Date (mm/dd/yyyy)	07/01/2001
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23	Calculations			

Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	5,000	0	5,000	5,000	80%	\$4,000

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		17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000
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		19b	Service End Date (mm/dd/yyyy)	N/A
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23	Calculations			

Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	5,000	0	5,000	5,000	40%	\$2,000

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23	Calculations									
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A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	5,000	0	5,000	5,000	80%	\$4,000

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23	Calculations									
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0	0	0	0	0	10,000	0	10,000	10,000	50%	\$5,000

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0	0	0	0	0	5,000	0	5,000	5,000	90%	\$4,500

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23	Calculations			

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A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	5,000	0	5,000	5,000	80%	\$4,000

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Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	50,000	0	50,000	50,000	80%	\$40,000

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					17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)			12/12/2000	
13	SPIN – Service Provider Identification Number:		143008724		18	Contract Award Date (mm/dd/yyyy)			01/12/2001	
					19a	Service State Date (mm/dd/yyyy)			07/01/2001	
					19b	Service End Date (mm/dd/yyyy)			N/A	
14	Service Provider Name		DaVoco Enterprises, Inc.		20	Contract Expiration Date (mm/dd/yyyy)			06/30/2002	
21	Description of this Service:		You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.						Attachment # <u>USFATCH0102</u>	
22	Entity/Entities Receiving this Service:		a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.				59877 -			
			b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)							
23	Calculations									
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	5,000	0	5,000	5,000	80%	\$4,000

Billed Entity Applicant #: 131976					Applicant's Form Identifier: DMPS4710101					
Contact Person: Greg Davis					Phone Number: 515-242-7773					
BLOCK 5: Discount Funding Request(s)					Page 96 of 319					
Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.										
FRN #					(to be assigned by administrator)					
11	Category of Service (only ONE category should be checked) <input type="radio"/> Telecommunications Services <input type="radio"/> Internet Access <input checked="" type="radio"/> Internal Connections				15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)			RFP #00-48B	
12	Form 470 Application Number:		704340000296620		16	Billing Account Number: (e.g. billed telephone number)			N/A	
					17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)			12/12/2000	
13	SPIN – Service Provider Identification Number:		143008724		18	Contract Award Date (mm/dd/yyyy)			01/12/2001	
					19a	Service State Date (mm/dd/yyyy)			07/01/2001	
					19b	Service End Date (mm/dd/yyyy)			N/A	
14	Service Provider Name		DaVoco Enterprises, Inc.		20	Contract Expiration Date (mm/dd/yyyy)			06/30/2002	
21	Description of this Service:		You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.						Attachment # <u>USFATCH0102</u>	
22	Entity/Entities Receiving this Service:		a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.				58973 –			
			b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)							
23	Calculations									
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	5,000	0	5,000	5,000	80%	\$4,000

Billed Entity Applicant #: 131976	Applicant's Form Identifier: DMPS4710101
Contact Person: Greg Davis	Phone Number: 515-242-7773

BLOCK 5: Discount Funding Request(s)

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Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # (to be assigned by administrator)

11	Category of Service (only ONE category should be checked) <input type="radio"/> Telecommunications Services <input type="radio"/> Internet Access <input checked="" type="radio"/> Internal Connections	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48B
12	Form 470 Application Number: 704340000296620	16	Billing Account Number: (e.g. billed telephone number)	N/A
		17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000
13	SPIN - Service Provider Identification Number: 143008724	18	Contract Award Date (mm/dd/yyyy)	01/12/2001
		19a	Service State Date (mm/dd/yyyy)	07/01/2001
		19b	Service End Date (mm/dd/yyyy)	N/A
14	Service Provider Name DaVoco Enterprises, Inc.	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002
21	Description of this Service:	You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.		
		Attachment # <u>USFATCH0102</u>		
22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.		59003 -
		b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)		
23	Calculations			

Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	7,500	0	7,500	7,500	60%	4,500

Billed Entity, Applicant #: 131976					Applicant's Form Identifier: DMPS4710101						
Contact Person: Greg Davis					Phone Number: 515-242-7773						
BLOCK 5: Discount Funding Request(s)					Page 98 of 319						
Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.											
FRN # (to be assigned by administrator)											
11	Category of Service (only ONE category should be checked) <input type="radio"/> Telecommunications Services <input type="radio"/> Internet Access <input checked="" type="radio"/> Internal Connections				15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)			RFP #00-48B		
12	Form 470 Application Number:		704340000296620		16	Billing Account Number: (e.g. billed telephone number)			N/A		
					17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)			12/12/2000		
13	SPIN – Service Provider Identification Number:		143008724		18	Contract Award Date (mm/dd/yyyy)			01/12/2001		
					19a	Service State Date (mm/dd/yyyy)			07/01/2001		
					19b	Service End Date (mm/dd/yyyy)			N/A		
14	Service Provider Name		DaVoco Enterprises, Inc.		20	Contract Expiration Date (mm/dd/yyyy)			06/30/2002		
21	Description of this Service:		You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.							Attachment # USFATCH0102	
22	Entity/Entities Receiving this Service:		a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.					58997 -			
			b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)								
23	Calculations										
Recurring Charges					Non-Recurring Charges			Total Charges			
A	B	C	D	E	F	G	H	I	J	K	
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)	
0	0	0	0	0	5,000	0	5,000	5,000	80%	\$4,000	

Billed Entity Applicant #: 131976					Applicant's Form Identifier: DMPS4710101					
Contact Person: Greg Davis					Phone Number: 515-242-7773					
BLOCK 5: Discount Funding Request(s)					Page 99 of 319					
Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.										
FRN # _____ (to be assigned by administrator)										
11	Category of Service (only ONE category should be checked) <input type="radio"/> Telecommunications Services <input type="radio"/> Internet Access <input checked="" type="radio"/> Internal Connections				15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)		RFP #00-48B		
12	Form 470 Application Number:		704340000296620		16	Billing Account Number: (e.g. billed telephone number)		N/A		
					17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)		12/12/2000		
13	SPIN – Service Provider Identification Number:		143008724		18	Contract Award Date (mm/dd/yyyy)		01/12/2001		
					19a	Service State Date (mm/dd/yyyy)		07/01/2001		
					19b	Service End Date (mm/dd/yyyy)		N/A		
14	Service Provider Name		DaVoco Enterprises, Inc.		20	Contract Expiration Date (mm/dd/yyyy)		06/30/2002		
21	Description of this Service:		You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.						Attachment # <u>USFATCH0102</u>	
22	Entity/Entities Receiving this Service:		a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.				58961 -			
			b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)							
23	Calculations									
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	5,000	0	5,000	5,000	80%	\$4,000

Billed Entity Applicant #: 131976					Applicant's Form Identifier: DMPS4710101					
Contact Person: Greg Davis					Phone Number: 515-242-7773					
BLOCK 5: Discount Funding Request(s)					Page 100 of 319					
Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.										
FRN # (to be assigned by administrator)										
11	Category of Service (only ONE category should be checked) <input type="radio"/> Telecommunications Services <input type="radio"/> Internet Access <input checked="" type="radio"/> Internal Connections				15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)		RFP #00-48B		
12	Form 470 Application Number:		704340000296620			16	Billing Account Number: (e.g. billed telephone number)		N/A	
						17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)		12/12/2000	
13	SPIN – Service Provider Identification Number:		143008724			18	Contract Award Date (mm/dd/yyyy)		01/12/2001	
						19a	Service State Date (mm/dd/yyyy)		07/01/2001	
						19b	Service End Date (mm/dd/yyyy)		N/A	
14	Service Provider Name		DaVoco Enterprises, Inc.			20	Contract Expiration Date (mm/dd/yyyy)		06/30/2002	
21	Description of this Service:		You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.							Attachment # USFATCH10102
22	Entity/Entities Receiving this Service:		a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.					58927 -		
			b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)							
23	Calculations									
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	7,500	0	7,500	7,500	60%	4,500

Billed Entity Applicant #: 131976	Applicant's Form Identifier: DMPS4710101
Contact Person: Greg Davis	Phone Number: 515-242-7773

BLOCK 5: Discount Funding Request(s)

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Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN #
(to be assigned by administrator)

11	Category of Service (only ONE category should be checked) <input type="radio"/> Telecommunications Services <input type="radio"/> Internet Access <input checked="" type="radio"/> Internal Connections	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48B
12	Form 470 Application Number: 704340000296620	16	Billing Account Number: (e.g. billed telephone number)	N/A
		17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000
13	SPIN - Service Provider Identification Number: 143008724	18	Contract Award Date (mm/dd/yyyy)	01/12/2001
		19a	Service State Date (mm/dd/yyyy)	07/01/2001
		19b	Service End Date (mm/dd/yyyy)	N/A
14	Service Provider Name DaVoco Enterprises, Inc.	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002
21	Description of this Service:	You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.		
		Attachment # USFATCH0102		
22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.		
		b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)		
23	Calculations			

Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	7,500	0	7,500	7,500	50%	3,750

Billed Entity: Applicant #: 131976	Applicant's Form Identifier: DMPS4710101
Contact Person: Greg Davis	Phone Number: 515-242-7773

BLOCK 5: Discount Funding Request(s)

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Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # (to be assigned by administrator)

11	Category of Service (only ONE category should be checked) <input type="radio"/> Telecommunications Services <input type="radio"/> Internet Access <input checked="" type="radio"/> Internal Connections	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48B
12	Form 470 Application Number: 704340000296620	16	Billing Account Number: (e.g. billed telephone number)	N/A
		17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000
13	SPIN – Service Provider Identification Number: 143008724	18	Contract Award Date (mm/dd/yyyy)	01/12/2001
		19a	Service State Date (mm/dd/yyyy)	07/01/2001
		19b	Service End Date (mm/dd/yyyy)	N/A
14	Service Provider Name DaVoco Enterprises, Inc.	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002
21	Description of this Service:	You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.		
		Attachment # USFATCH0102		
22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service. 58970 - b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number:		
23	Calculations			

Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	5,000	0	5,000	5,000	80%	\$4,000

Billed Entity Applicant #: 131976					Applicant's Form Identifier: DMPS4710101					
Contact Person: Greg Davis					Phone Number: 515-242-7773					
BLOCK 5: Discount Funding Request(s)					Page 103 of 319					
Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.										
FRN # (to be assigned by administrator)										
11	Category of Service (only ONE category should be checked) <input type="radio"/> Telecommunications Services <input type="radio"/> Internet Access <input checked="" type="radio"/> Internal Connections				15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)			RFP #00-48B	
12	Form 470 Application Number:		704340000296620			16	Billing Account Number: (e.g. billed telephone number)			N/A
						17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)			12/12/2000
13	SPIN – Service Provider Identification Number:		143008724			18	Contract Award Date (mm/dd/yyyy)			01/12/2001
						19a	Service State Date (mm/dd/yyyy)			07/01/2001
						19b	Service End Date (mm/dd/yyyy)			N/A
14	Service Provider Name		DaVoco Enterprises, Inc.			20	Contract Expiration Date (mm/dd/yyyy)			06/30/2002
21	Description of this Service:		You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.							Attachment # <u>USFATCH0102</u>
22	Entity/Entities Receiving this Service:		a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.					58932		
			b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)							
23	Calculations									
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	50,000	0	50,000	50,000	60%	\$30,000

Billed Entity Applicant #: 131976	Applicant Form Identifier: DMPS4710101
Contact Person: Greg Davis	Phone Number: 515-242-7773

BLOCK 5: Discount Funding Request(s)

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Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN #		(to be assigned by administrator)	
11	Category of Service (only ONE category should be checked) <input type="radio"/> Telecommunications Services <input type="radio"/> Internet Access <input checked="" type="radio"/> Internal Connections	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions) RFP #00-48B
12	Form 470 Application Number: 704340000296620	16	Billing Account Number: (e.g. billed telephone number) N/A
		17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy) 12/12/2000
13	SPIN - Service Provider Identification Number: 143008724	18	Contract Award Date (mm/dd/yyyy) 01/12/2001
		19a	Service State Date (mm/dd/yyyy) 07/01/2001
		19b	Service End Date (mm/dd/yyyy) N/A
14	Service Provider Name DaVoco Enterprises, Inc.	20	Contract Expiration Date (mm/dd/yyyy) 06/30/2002
21	Description of this Service:	You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # USFATCH0102	
22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service. 58924 -	
		b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)	
23	Calculations		

Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	5,000	0	5,000	5,000	50%	\$2,500

Billed Entity Applicant #: 131976					Applicant Form Identifier: DMPS4710101					
Contact Person: Greg Davis					Phone Number: 515-242-7773					
BLOCK 5: Discount Funding Request(s)					Page 105 of 319					
Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.										
FRN # (to be assigned by administrator)										
11	Category of Service (only ONE category should be checked) <input type="radio"/> Telecommunications Services <input type="radio"/> Internet Access <input checked="" type="radio"/> Internal Connections				15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)			RFP #00-48B	
12	Form 470 Application Number:		704340000296620		16	Billing Account Number: (e.g. billed telephone number)			N/A	
					17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)			12/12/2000	
13	SPIN – Service Provider Identification Number:		143008724		18	Contract Award Date (mm/dd/yyyy)			01/12/2001	
					19a	Service State Date (mm/dd/yyyy)			07/01/2001	
					19b	Service End Date (mm/dd/yyyy)			N/A	
14	Service Provider Name		DaVoco Enterprises, Inc.		20	Contract Expiration Date (mm/dd/yyyy)			06/30/2002	
21	Description of this Service:		You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.						Attachment # USFATCH0102	
22	Entity/Entities Receiving this Service:		a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.					58960 -		
			b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)							
23	Calculations									
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	50,000	0	50,000	50,000	90%	\$45,000

Billed Entity, Applicant #: 131976	Applicant's Form Identifier: DMPS4710101
Contact Person: Greg Davis	Phone Number: 515-242-7773

BLOCK 5: Discount Funding Request(s)

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Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # (to be assigned by administrator)

11	Category of Service (only ONE category should be checked) <input type="radio"/> Telecommunications Services <input type="radio"/> Internet Access <input checked="" type="radio"/> Internal Connections	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48B
12	Form 470 Application Number: 704340000296620	16	Billing Account Number: (e.g. billed telephone number)	N/A
		17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000
13	SPIN – Service Provider Identification Number: 143008724	18	Contract Award Date (mm/dd/yyyy)	01/12/2001
		19a	Service State Date (mm/dd/yyyy)	07/01/2001
		19b	Service End Date (mm/dd/yyyy)	N/A
14	Service Provider Name DaVoco Enterprises, Inc.	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002
21	Description of this Service:	You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.		
		Attachment # USFATCH0102		
22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.		
		b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)		
23	Calculations			

Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	10,000	0	10,000	10,000	80%	8,000

Billed Entity Applicant #: 131976	Applicant's Form Identifier: DMPS4710101
Contact Person: Greg Davis	Phone Number: 515-242-7773

BLOCK 5: Discount Funding Request(s)

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Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # (to be assigned by administrator)

11	Category of Service (only ONE category should be checked) O Telecommunications Services O Internet Access ● Internal Connections	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48B
12	Form 470 Application Number: 704340000296620	16	Billing Account Number: (e.g. billed telephone number)	N/A
		17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000
13	SPIN – Service Provider Identification Number: 143008724	18	Contract Award Date (mm/dd/yyyy)	01/12/2001
		19a	Service State Date (mm/dd/yyyy)	07/01/2001
		19b	Service End Date (mm/dd/yyyy)	N/A
14	Service Provider Name DaVoco Enterprises, Inc.	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002
21	Description of this Service:	You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.		
		Attachment # USFATCH0102		
22	Entity/Entities Receiving this Service:	a.If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.		58950 –
		b.If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)		
23	Calculations			

Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (I' minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	5,000	0	5,000	5,000	80%	\$4,000

Billed Entity Applicant #: 131976					Applicant's Form Identifier: DMPS4710101					
Contact Person: Greg Davis					Phone Number: 515-242-7773					
BLOCK 5: Discount Funding Request(s)								Page 108 of 319		
Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.										
FRN # (to be assigned by administrator)										
11	Category of Service (only ONE category should be checked) <input type="radio"/> Telecommunications Services <input type="radio"/> Internet Access <input checked="" type="radio"/> Internal Connections				15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)		RFP #00-48B		
12	Form 470 Application Number:		704340000296620		16	Billing Account Number: (e.g. billed telephone number)		N/A		
					17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)		12/12/2000		
13	SPIN – Service Provider Identification Number:		143008724		18	Contract Award Date (mm/dd/yyyy)		01/12/2001		
					19a	Service State Date (mm/dd/yyyy)		07/01/2001		
					19b	Service End Date (mm/dd/yyyy)		N/A		
14	Service Provider Name		DaVoco Enterprises, Inc.		20	Contract Expiration Date (mm/dd/yyyy)		06/30/2002		
21	Description of this Service:		You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.						Attachment # USFATCH0102	
22	Entity/Entities Receiving this Service:		a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.					58964 –		
			b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)							
23	Calculations									
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	5,000	0	5,000	5,000	60%	\$3,000

Billed Entity Applicant #: 131976					Applicant's Form Identifier: DMPS4710101					
Contact Person: Greg Davis					Phone Number: 515-242-7773					
BLOCK 5: Discount Funding Request(s)								Page 109 of 319		
Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.										
FRN # (to be assigned by administrator)										
11	Category of Service (only ONE category should be checked) <input type="radio"/> Telecommunications Services <input type="radio"/> Internet Access <input checked="" type="radio"/> Internal Connections				15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)			RFP #00-48B	
12	Form 470 Application Number:		704340000296620			16	Billing Account Number: (e.g. billed telephone number)			N/A
						17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)			12/12/2000
13	SPIN – Service Provider Identification Number:		143008724			18	Contract Award Date (mm/dd/yyyy)			01/12/2001
						19a	Service State Date (mm/dd/yyyy)			07/01/2001
						19b	Service End Date (mm/dd/yyyy)			N/A
14	Service Provider Name		DaVoco Enterprises, Inc.			20	Contract Expiration Date (mm/dd/yyyy)			06/30/2002
21	Description of this Service:		You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.							Attachment # <u>USFATCH0102</u>
22	Entity/Entities Receiving this Service:		a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.					58935 -		
			b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)							
23	Calculations									
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	5,000	0	5,000	5,000	80%	\$4,000

Billed Entity Applicant #: 131976					Applicant's Form Identifier: DMPS4710101					
Contact Person: Greg Davis					Phone Number: 515-242-7773					
BLOCK 5: Discount Funding Request(s)					Page 110 of 319					
Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.										
FRN # (to be assigned by administrator)										
11	Category of Service (only ONE category should be checked) <input type="radio"/> Telecommunications Services <input type="radio"/> Internet Access <input checked="" type="radio"/> Internal Connections				15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)		RFP #00-48B		
12	Form 470 Application Number:		704340000296620			16	Billing Account Number: (e.g. billed telephone number)		N/A	
						17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)		12/12/2000	
13	SPIN – Service Provider Identification Number:		143008724			18	Contract Award Date (mm/dd/yyyy)		01/12/2001	
						19a	Service State Date (mm/dd/yyyy)		07/01/2001	
						19b	Service End Date (mm/dd/yyyy)		N/A	
14	Service Provider Name		DaVoco Enterprises, Inc.			20	Contract Expiration Date (mm/dd/yyyy)		06/30/2002	
21	Description of this Service:		You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.						Attachment # USFATCH0102	
22	Entity/Entities Receiving this Service:		a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.				58986 -			
			b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)							
23	Calculations									
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	5,000	0	5,000	5,000	50%	\$2,500

Billed Entity Applicant #: 131976	Applicant's Form Identifier: DMPS4710101
Contact Person: Greg Davis	Phone Number: 515-242-7773

BLOCK 5: Discount Funding Request(s)

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Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # (to be assigned by administrator)

11	Category of Service (only ONE category should be checked) O Telecommunications Services O Internet Access ● Internal Connections	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48B
12	Form 470 Application Number: 704340000296620	16	Billing Account Number: (e.g. billed telephone number)	N/A
		17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000
13	SPIN – Service Provider Identification Number: 143008724	18	Contract Award Date (mm/dd/yyyy)	01/12/2001
		19a	Service State Date (mm/dd/yyyy)	07/01/2001
		19b	Service End Date (mm/dd/yyyy)	N/A
14	Service Provider Name DaVoco Enterprises, Inc.	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002
21	Description of this Service:	You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.		Attachment # USFATCH0102
22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.		58999 –
		b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)		
23	Calculations			

Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	5,000	0	5,000	5,000	40%	\$2,000